

**MOUNT SINAI HOSPITAL**Joseph and Wolf Lebovic Health Complex  
600 University Avenue  
Toronto, Ontario, Canada M5G 1X5**Maternity  
Pre-Admission  
Questionnaire**

Clearly imprint patient identification card

Form MS 336 (Rev. 01.2014) Page 1 of 1

Please drop off at the Registration desk on the 3rd floor of the  
OPG building or the Admitting department at  
Mount Sinai Hospital.

Mount Sinai Hospital White Card Number		Health Card Number		Version Code
Surname		Given Names		Previous Name
Date of Birth ( YYYY MM DD )	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law <input type="checkbox"/> Other			
Language Spoken		Interpreter Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Religion
Street Address				Apartment/Unit #
City		Province / State	Country	Postal Code / Zip Code
Home Telephone ( )		Business Telephone ( )		Extension
Patient's Employer Name and Address				
Expected Delivery Date ( YYYY MM DD )	Obstetrician at Mount Sinai			<input type="checkbox"/> High Risk <input type="checkbox"/> Low Risk <input type="checkbox"/> Twins <input type="checkbox"/> Triplets
Family Doctor			Telephone ( )	
Referring Doctor			Telephone ( )	
In Case of Emergency Notify				Relationship
		Home Phone ( )	Business Phone ( ) Extension	
Legal Next of Kin - Last Name		First Name		Relationship
		Home Phone ( )	Business Phone ( ) Extension	

**ACCOMMODATIONS: (Please note that room request is subject to availability)****Room Request** (please check one)  Ward (OHIP) 4 per room  Semi-Private 2 per room  Private 1 per roomIf you **have insurance** to cover semi-private or private room, please complete the following section .

Relationship to Patient	Name of Insured		
Employer Name and Address			
Name of Insurance Company			
Policy No. / Group No.		Certificate No.	Division #

**Non-Canadian residents are personally responsible for all charges.  
Please leave all valuables at home. The hospital will not accept responsibility for lost or stolen items.**

**Required for admission:**  insurance information  
 health card  
 credit card

